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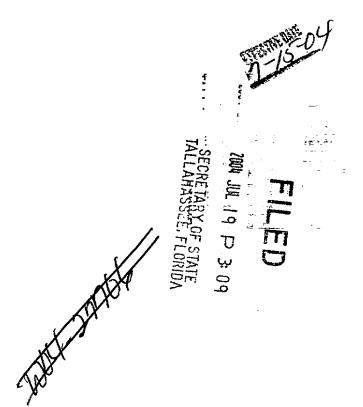
(Re	equestor's Name)		
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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SQUIR	RELL INC		
_	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	IDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM: JE	RRY A MCCAIN		
	Name (Printed or typed)	
	123 ONE AND A HALF N ADAMS	· · · · · · · · · · · · · · · · · · ·	
	Α.	ddress	
	DELAND FL 32724	State & Zip	
	C.i.y,	- mary	
	386-738-2943 Daytime To	elephone number	

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 20, 2004

JERRY A MCCAIN 123 ONE AND HALF N ADAMS AVE. DELAND, FL 32724

SUBJECT: SQUIRRELL INC. Ref. Number: W04000027706

We have received your document for SQUIRRELL INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P04000063929.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 104A00045887

04 JUL 26 PM 1: 44
PROCESSOR CONTROL OF THE CONTROL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SQUIRRELL TILE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 123 ONE AND HALF N ADAMS AVE DELAND FL 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TILE AND HOME REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JERRY A MCCAIN PRESIDENT 123 ONE AND HALF N ADAMS AVE DELAND FL 32724 STEVEN M ROGERS VICE PRESIDENT 123 ONE AND HALF N ADAMS AVE DELAND FL 32724

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JERRY A MCCAIN 123 ONE AND HALF N ADAMS AVE DELAND FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JERRY A MCCAIN 123 ONE AND HALF N ADAMS AVE DELAND FL 32724 PLEASE START THE CORPORATION DATE AS OF

July 15, 2004.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

cate, I am familiar with and accept the appointment as registered	agent and agree to act in this capacity
	07/15/04
Signature/Registered Agent	Date
AAA	07/15/04
Signature/Incorporator	Date



